



WINTER 2008

FORCE HEALTH

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Traveling the world to aid those in need

Depression

Identification, treatment & recovery

Prosthetics

DARPA brings the newest innovations to amputees

Center of Excellence

Focusing on the psychological health of our Service Members





The Magazine of Force Health Protection and Readiness
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Deputy Assistant Secretary of Defense for
Force Health Protection and Readiness
Ellen P. Embrey

Deputy Director, Force Health Protection
and Readiness Programs
Michael E. Kilpatrick, M.D.

Editorial Staff
Rebecca Chisholm, Editor-in-Chief
Gina Pattison, Senior Editor

Art Director
Deepika Ghumman

Editorial Consultant
Benjamin Bryant

FHP&R Strategic Communications Team
Monica Valdiviez-Wiley
Bill Yamanaka
Derek White
Marisa Cole
Tania Meireles

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families are invited. Please send articles with name,
phone number, e-mail and complete mailing address
and comments to:

Force Health Protection and Readiness Magazine
5113 Leesburg Pike, Suite 901,
Falls Church, Virginia 22041
Phone: (800)497-6261 • Fax: (703)824-4229
E-mail: FHP@deploymenthealth.osd.mil

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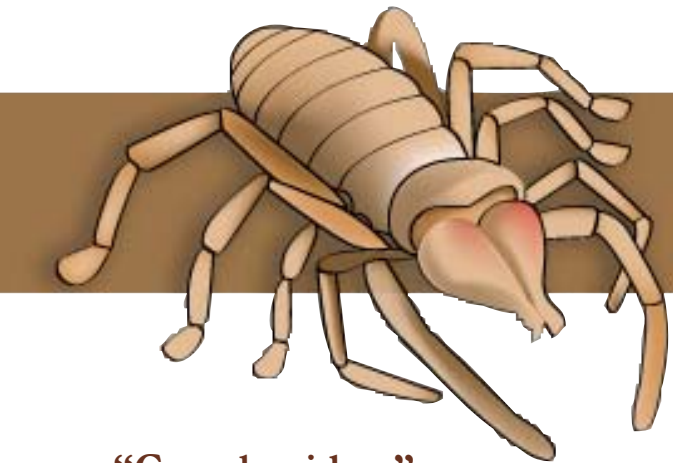
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Signing Off Camel Spiders!

On the cover:



U.S. Army Sgt. 1st Class Ed Franco plays with local refugee children in Dar Ul Aman, Kabul, Afghanistan, April 8, 2007, in support of a volunteer community outreach program. The program set up a children diversion tactic that allowed volunteers to monthly distribute 200 bags filled with clothes, shoes and toys without distraction, with the help of donated items from U.S. citizens.
U.S. Air Force photo by Tech. Sgt. Cecilio M. Ricardo Jr.



CAMEL SPIDERS

By: Rebecca Chisholm, FHP&R Staff Writer

“Camel spiders” are large spider-like creatures found in desert regions of the Middle East and Southwest Asia, including parts of Iraq and Afghanistan. Camel spiders are not actually spiders, scorpions or insects; they just look like a cross between all three!

Despite fears, camel spiders produce no venom and do not pose a health risk to deployed Service members, other than the painful bite they can inflict with their powerful jaws. (Without treatment though, a bite can become infected.)



What are some of the common myths and folklore associated with camel spiders?

Fiction: Camel spiders grow as large as dinner plates.
Fact: One picture on the Internet appears to show camel spiders that are almost a foot long! In reality, the largest are no more than 6 inches (15 cm) long with legs outstretched; most are less than 3 inches long (1-7 cm).

Fiction: Camel spiders make screaming noises as they look for prey.
Fact: Camel spiders cannot scream; the loudest noise they make is from the sound of their jaws crunching. At night, camel spiders will run towards any light source, including flashlights and campfires. During the day, they will try to stay in shadows to avoid hot patches of ground. Camel spiders have been known to follow a moving human shadow, making it seem like they are chasing you.

Fiction: Camel spiders can jump up to 6 feet in the air and run as fast as 25 mph.
Fact: Their running speed is actually about a mile an hour. A camel spider’s jumping ability is poor but they can be excellent climbers and will crawl up trees and walls, looking for food.

Fiction: Camel spiders stalk and chase Service members.
Fact: Camel spiders are usually active only at night, when they will seek light sources, like flashlights and campfires. During the day, they will try to stay in shadows to avoid hot patches of ground. In fact, the scientific name for camel spiders in Solifugae, which is Latin for “those who flee from the sun.” When a camel spider follows a moving shadow, it can appear they are on the chase—in reality, they are just trying to stay out of the light.

Want More?
<http://deploymenthealthlibrary.fhp.osd.mil/>

From the Desk of
Ellen P. Embrey



*We've had a busy year
keeping our Service members
healthy and fit, aiding our allies
in times of need and creating new
ways to address challenges.*

Welcome to winter. We are deep in the season of snow days and soup, fireplaces and family. The holidays have come and gone and the stretch of time between now and summer seems like forever. Winter is the perfect time to settle in with loved ones near and far.

Winter is also the time to look back on the past year, celebrate accomplishments and learn from mistakes. Here at Force Health Protection and Readiness, we've had a busy year keeping our Service members healthy and fit, aiding our allies in times of need and creating new ways to address challenges.

Progress has been made through extra attention and effort to better evaluate and improve our response to the urgent needs of our wounded warriors and their families. We meet weekly with the Department of Veterans Affairs (VA) and other Department of Defense (DoD) groups to identify, address and resolve these issues and to better coordinate care among the VA, DoD and outside services to facilitate the effective rehabilitation and recovery of our Service members.

In November, we opened the Department of Defense Center of Excellence (DCoE) to better respond to Post Traumatic Stress Disorder and Traumatic Brain Injury. The DCoE will coordinate with the leading medical experts and facilities in the field to allow for easier sharing of information on Psychological Health issues.

This year has seen Force Health Protection and Readiness travel over the world to aid other countries in times of need. Humanitarian work has assisted Jakarta and Bangladesh after floods, Pakistan and Peru after major earthquakes, Jordan for the opening of a women's clinic and many other projects throughout the world.

As we look back on the past year, here at Force Health Protection and Readiness, we take stock of what our organization is all about – taking care of Service members and their families. We hope you take this time to consider what is important to you and continue to encourage the health, safety and happiness of those you love. And don't forget to wash your hands!

Ellen Embrey

Deputy Assistant Secretary of Defense
for Force Health Protection and Readiness

EXPOSURE TO CHLORINE GAS: HOW SERIOUS IS IT?

By: Derek White, FHP&R Staff Writer

How can a Service member be exposed to chlorine gas?

Recently, Iraqi insurgents packaged a small number of improvised explosive devices (IEDs) with chlorine gas tanks in an attempt to poison those around the IED blast. But chlorine gas has been used since World War I, when the enemy used chlorine gas to injure the allies engaged in trench warfare.

Fortunately, IEDs are not a very effective means to release chlorine gas and these incidents have resulted in only a relatively small number of injuries among U.S. Service members.

How does exposure to chlorine gas affect you?

Chlorine gas is irritating and corrosive to the nose, mouth, throat, lungs, eyes and skin. The effects depend on the amount

and length of chlorine gas exposure.

Relatively low levels of chlorine gas can cause a sore throat, coughing and eye and skin irritation, while higher levels can cause burning of the eyes and skin, temporary blindness, rapid breathing, wheezing, blue coloring of the skin, fluid in the lungs and chest pain.

High concentrations of chlorine gas can be very irritating to moist areas on the body as it dissolves to form acids such as hydrochloric acid, which can produce severe burns. At high enough levels, chlorine gas can cause immediate respiratory collapse and death.

What are the long-term effects?

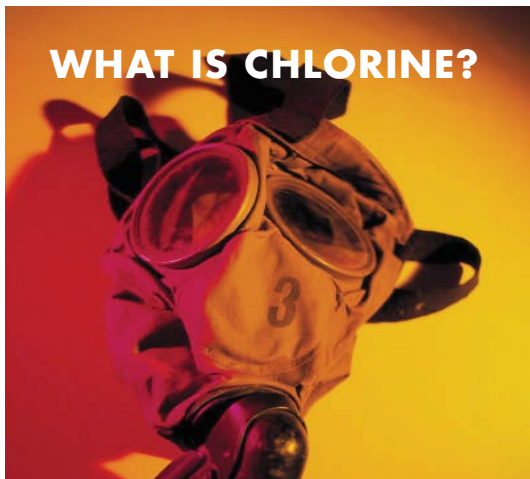
Only a few people experience noticeable long-term effects from chlorine gas, unless the exposure levels are very high.

There is some evidence that very high level exposures or repeated, milder exposures can cause permanent health problems.

The most common long-term symptoms associated with chlorine gas exposure are fatigue, shortness of breath with exercise and a persistent cough. In some cases, there is evidence of lung damage when tested, but with no apparent difficulty with regular breathing. Others may experience a worsening of pre-existing asthma or develop an asthma-like illness called Reactive Airways Dysfunction Syndrome.

There is no clear evidence that a single mild or inapparent chlorine gas exposure can cause long-term health problems. Very few find that long-term symptoms may persist indefinitely, but for most, these long-term symptoms resolve after a few months or years.

WHAT IS CHLORINE?



Chlorine is a yellow-green gas widely used in industry for disinfecting drinking water and swimming pools and as an active ingredient in many brands of household bleach. When used according to the manufacturer's directions, the use of chlorine is safe and effective.

Most major chlorine exposure incidents in peacetime have occurred as a result of road or rail accidents resulting in the release of bulk chlorine from storage tanks. On a smaller scale, when household bleach is mixed with ammonia or cleaning acids, chlorine gas and other caustic chlorine compounds may be released at dangerous levels.

NASAL FLU SPRAY VS. FLU SHOT?

By: Tania Meireles, FHP&R Staff Writer

The flu is a contagious respiratory disease caused by influenza types A or B viruses in humans. Influenza viruses are easily spread from person to person by sneezing or coughing, with symptoms developing about two days after exposure. Symptoms include fever, muscle aches, headache, a general feeling of sickness, nonproductive cough, sore throat and runny nose. The effects of the virus can range from mild to life-threatening. In the U.S., over 220,000 hospitalizations and 36,000 deaths occur every year as a result of influenza and flu-related complications.

The best way to protect yourself, your family and your community is to get vaccinated with the safe, effective and available flu vaccine. You can limit spread of the flu virus by hand washing, covering your coughs and sneezes and avoiding those who don't. However, nothing beats preventing infection like being vaccinated.

Free flu vaccinations are available at military treatment facilities for Service members and their families, and retirees. You may receive one of three injectable flu shots available to DoD or one type of intranasal flu spray. If a clinic is not near you, you can find the nearest flu shot location at the American Lung Association Web site and receive a shot for a nominal fee.

The injectable vaccines available to DoD this year include Fluzone, which is approved for individuals six months old and older and Fluarix and Flulaval, which are approved for persons 18 years old and older.

The viruses in the flu shot are killed (inactivated) and split into smaller viral particles so you cannot get the flu from a flu shot. Possible side effects from the flu shot are soreness, redness or swelling where the shot was given, fever, weakness, headache and muscle aches. If problems occur, they usually begin soon after the shot and typically last for one or two days. Most people who receive the vaccine experience no serious problems. In rare instances, serious problems such as a severe allergic reaction can occur.

Certain people should not get flu shots. Those with a severe allergy to chicken proteins, eggs, egg products or any components of the vaccine should not get a flu shot. Also, people who have had a severe reaction to a flu shot in the past or who developed Guillain-Barré Syndrome within six weeks of getting the shot previously should not get a flu shot (unless advised otherwise by their physician). People who are sick with a fever can get a shot after their symptoms are gone.

FluMist is a nasal spray made from live, but weakened, influenza viruses. It is approved for persons 2 to 49 years old. FluMist is the vaccine recommended for use in healthy people who meet eligibility criteria, in order to increase the availability of the flu shot for Service members and dependents who may not be able to receive the intranasal vaccine due to certain health conditions or age.


Certain people should not get the nasal spray. People who have the following conditions should instead be given the injectable vaccine: asthma, reactive airway disease or other chronic disorders of the



U.S. Air Force Senior Airman Sonia Vega, gauges the right amount of vaccine needed for a shot at Balad Air Base, Iraq.

pulmonary or cardiovascular systems; diabetes, renal dysfunction and hemoglobinopathies; known or suspected immunodeficiency diseases or who are receiving immunosuppressive therapies; or history of Guillain-Barré Syndrome. Children or adolescents receiving aspirin or other salicylates, pregnant women and anyone allergic to any components of the vaccine or to eggs, also should not receive the intranasal vaccine.

The viruses in the nasal spray are weakened and do not cause severe symptoms associated with the flu. Possible side effects can include: runny nose, headache, fever, cough and sore throat.

 **Want More?**

<http://www.lungusa.org/site/pp.aspx?c=aqKGLXOAIIH&b=1015035>

<http://www.vaccines.mil/default.aspx?cnt=resource/qaAll&dID=30&cID=363>

<http://www.vaccines.mil/default.aspx?cnt=resource/qaAll&dID=30&cID=362>

DoD ADDRESSES RECOMMENDATIONS FROM THE TASK FORCE ON MENTAL HEALTH

By: Gina Pattison and Marisa Cole, FHP&R Staff Writers

The Department of Defense (DoD) is committed to providing the highest possible level of mental health care and support to our military community. To ensure this commitment is met, DoD set up a congressionally-mandated Mental Health Task Force to improve awareness of mental health conditions among Service members and find ways to improve the access and usefulness of our existing programs. On June 12, 2007, the Task Force submitted a report to the Secretary of Defense with 95 recommendations for improving the value of mental health services provided to Service members by DoD. DoD is using generous funding, provided by Congress to begin making the necessary changes by May 2008.

DoD IS FOCUSING ON THE FOLLOWING PRIORITIES TO ENSURE THE HIGHEST QUALITY OF MENTAL HEALTH CARE TO SERVICE MEMBERS AND THEIR FAMILIES:

LEADERSHIP, CULTURE AND ADVOCACY

Creating a Center of Excellence for traumatic brain injury and psychological health that will lead, develop and maintain a strategic plan to uphold the efforts being undertaken, and monitoring the completion of that plan.

ACCESS TO CARE

Ensuring that the military community benefits from care and support services through easy and ready access to those services.

QUALITY OF CARE

Developing standards of care so that no matter where Service members and families seek care they will be able to expect the same services and quality of care.

RESILIENCE BUILDING AND STIGMA REDUCTION

Seeking to bring Service members to the “psychological gym” to develop and maintain psychological fitness just as Service members are encouraged to go to a traditional gym to maintain physical fitness. This effort requires a change in perspective and will include clinical standards, training and collaboration.

SURVEILLANCE, RESEARCH AND EVALUATION

Carrying out a broad range of activities, including tracking how well treatment is working, satisfaction with care and engaging in direct preventive services such as screening for post-traumatic stress disorder, depression and other conditions.

CARE TRANSITION AND COORDINATION

Improving medical documentation and information sharing. Partnering with the Department of Veteran Affairs and the Department of Health and Human Services to build a safety net of care for our military families.

DoD TAKING ACTION ON TRAUMATIC BRAIN INJURY & PSYCHOLOGICAL HEALTH

In June 2007, Deputy Assistant Secretary of Defense for Force Health Protection and Readiness, Ellen Embrey called together a group of experts on traumatic brain injury and psychological health. This group, known as the “Red Cell,” developed plans and policies for the psychological health needs of Service members and their families, including deployment-related brain injury. Each Service and related interagency groups were represented in the Red Cell.

Through the work of this group, DoD is promoting the concept of psychological health among the military community, which focuses not just on the absence of mental illness but also prevention, treatment, and health maintenance. The term psychological health refers to a state of personal well-being as well as mental, emotional and behavioral functioning that is associated with productive and meaningful activities, fulfilling relationships with other people and the ability to adapt to change and to cope with adversity. By placing psychological health and fitness on the same level of importance as physical health and fitness, DoD is working to create an environment that develops and supports a state of strong psychological health that is the same across all the Services.

Want More?

<http://fhp.osd.mil>

<http://www.behavioralhealth.army.mil>

<http://www.usmc-mccs.org/cosc>

<http://www.nehc.med.navy.mil/hp/MMH/index.htm>

<https://www.airforcecap.org/afre.asp>

What's **New** on the Web?

By: Derek White, FHP&R Staff Writer

The Deployment Health and Family Readiness Library

is an easy way to find accurate and up-to-date deployment health and family readiness information. The library consists of a wide assortment of fact sheets, guides and other useful information, such as information on family separation and readjustments, the prevention of infectious diseases, National Guard and Reserve Component benefits, dealing with stress or the prevention of environmental exposures, all located on a single Web site.

Many of today's military Service members and their families face a life of frequent deployments and family separations. During these stressful times, concerns often arise about Service members' health and the well-being of families left behind. Sometimes the answers to these concerns are not easy to find. To respond to this need, representatives from the DoD Office of Force Health Protection and Readiness and the Office of Military Communities and Family Policy worked with members of the Army, Navy and Air Force to design the Deployment Health and Family Readiness Library. The library was developed specifically to help Service members, families, military veterans, leaders, civilians and health care providers quickly find the deployment-related health and family readiness information they need.

The Department of Defense is seeking input for future product development or further improvement of the navigation, appearance and content of the site. For comments or specific deployment health-related questions, please click on the Contact Us tab on the top navigation bar on the library homepage. Comments can also be made by calling DoD Force Health Protection & Readiness at 1-800-497-6261. For specific family readiness questions, call the MilitaryOneSource 24/7 Call Center at 1-800-342-9647 or visit MilitaryOneSource on the Web.



Finding the information you are looking for on the library Web site is easy. The Deployment Health and Family Readiness Library Web site is searchable in three ways:

- 1) Products and other information related to Family Readiness and Resources, or for Service Members and Families, Leaders and Clinicians, can be found by clicking on the button on the homepage. When a button is clicked, a complete listing of products included under that category will display.
- 2) Products can be searched for by topic and subtopics of interest. All products on the library have been categorized to help find an array of information on the topic of interest. These categories include such topics as crisis management, financial readiness, personal and family readiness, toxic chemicals and materials, infectious diseases, and many others.

3) A "Google Search" box is available at the top of the screen. The entire library database can be searched using keywords relating to the topic by using this feature. For example, a search on "flu" will bring up information on not only seasonal flu but avian or bird flu and other types of flu-like diseases in people.

Additional information on current deployment health and family readiness-related events, news or products will be available in a new Hot Topics section. A comprehensive listing of resources, including military installation-specific links and contact information for various organizations, can also be found in the Resources section on the library homepage.

 **Want More?**

<http://deploymenthealthlibrary.fhp.osd.mil/>
<http://www.militaryonesource.com/>

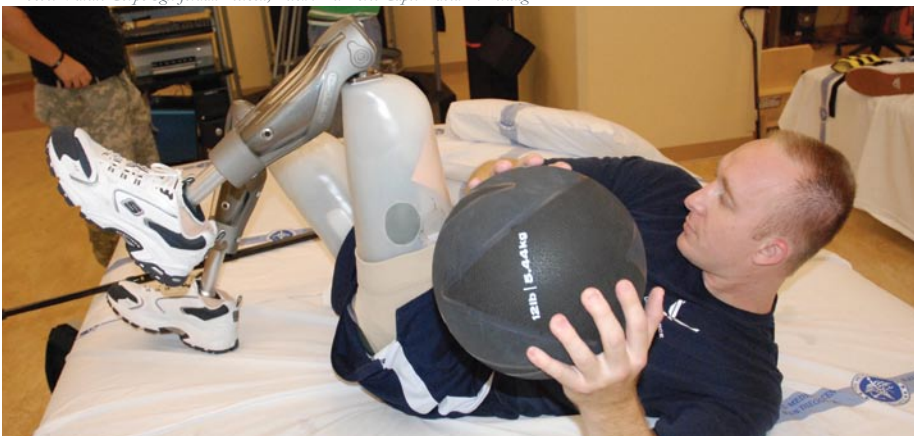
PATIENTS REACH NEW HEIGHTS

WHILE REHABILITATING
AT STATE-OF-THE-ART
DoD FACILITIES

Patients at the new DoD rehabilitation facilities demonstrate the state-of-the-art treatment for amputees.



Above: Marine Corps Sgt. Jordan Pierson; Below: Air Force Capt. David K. Berling



Below: An indoor running track encircles the workout areas of the new Military Advanced Training Center at Walter Reed Army Medical Center.





Three new facilities opened in 2007 for the support of the Wounded Warrior. Naval Medical Center San Diego (NMCSD) celebrated the grand opening of the new Comprehensive Combat and Complex Casualty Care (C5) facility, October 15, 2007. Walter Reed Army Medical Center's new 31,000-square-foot, \$10-million Military Advanced Training Center opened September 13, 2007. Earlier in 2007, the Center for the Intrepid, a \$50-million, 60,000-square-foot state-of-the-art physical rehabilitation facility, opened next to Brooke Army Medical Center in San Antonio. These facilities offer some of the most state-of-the-art care found anywhere in the world.

Below: Coast Guard Fireman Brice Brokaw



Below: The Center for the Intrepid is a \$50-million, 60,000-square-foot state-of-the-art physical rehabilitation facility.



Below: Retired Marine Corps Cpl. Timothy Jeffers



DEPARTMENT OF DEFENSE CENTER OF EXCELLENCE OPENS DOORS TO ADDRESS **PSYCHOLOGICAL HEALTH** AND **TRAUMATIC BRAIN INJURY**

By: Bill Yamanaka, FHP&R Staff Writer

The Defense Center of Excellence (DCoE) for Psychological Health (PH) and Traumatic Brain Injury (TBI) opened its doors on November 30, 2007, at its temporary home in Arlington, Virginia. The Department of Defense (DoD), with support from the Department of Veterans Affairs (VA), is leading a national collaborative network to advance and spread PH/TBI knowledge, enhance clinical and management approaches and facilitate other vital services to best serve the urgent and enduring needs of warrior families with PH problems and/or TBI.

Service members and families will have a tremendous resource to address very complicated psychological health issues. Those issues have received increased attention because of the conflicts in Iraq and Afghanistan.

Director of the DCoE, Colonel (Promotable) Loree Sutton, said, "We are extremely excited about this historic opportunity to assure the best possible care for our warriors and their families who are sacrificing so much on our behalf. There simply is no greater privilege."

The current Defense and Veterans Brain Injury Center (DVBIC) is a major part of the foundation for the Center. DVBIC has DoD's primary subject matter expertise on TBI and many of its functions are transitioning to the DCoE. Also, the DoD Center for Deployment Psychology, currently at the Uniformed Services University of the Health

Sciences, is integrated into the training and education functions of the DCoE. The DCoE will be a premiere center and is projected to be fully functional by October 2009.

According to the Assistant Secretary of Defense for Health Affairs, Dr. S. Ward Casscells, "In developing the national collaborative network, the DCoE will coordinate existing medical, academic, research and advocacy assets within the Services, with those of the VA and Health and Human Services (HHS), other federal, state and local agencies, as well as academic institutions. We will have integration of quality programs and advanced medical technology to give us unprecedented expertise in dealing with psychological health and traumatic brain injuries."



DEFENSE AND VETERANS BRAIN INJURY CENTER

*MEDICAL CARE, CLINICAL
RESEARCH AND EDUCATION*

An integral part of the foundation for the DCoE is DoD's unique Defense and Veterans Brain Injury Center (DVBIC). Its mission is to serve active duty military, their dependents and veterans with TBI through state-of-the-art medical care, innovative clinical research initiatives and educational programs.

DVBIC brings its mission and capabilities to the DCoE as a key aspect to the new Center's foundation. Established in 1992 as the Defense and Veterans Head Injury Program, the clinical research conducted by DVBIC has come to define optimal care for survivors of TBI. Clinical care and research currently takes place at seven military and VA sites and one civilian treatment site.

Today, DVBIC continues its commitment to the effort to prevent, treat and provide education on TBI for active duty Service members, National Guard and Reservists recently injured in the line of duty, their dependents and retired military personnel.

As a major part of the DCoE, DVBIC develops the most modern TBI-specific evaluation, treatment and follow-up care for all military personnel, their dependents and veterans with brain injury. It continues to develop and deliver educational materials for prevention, treatment of TBI and management of its long-term effects.

MENTAL HEALTH SELF-ASSESSMENT PROGRAM **SUCCESS** LEADS TO EXPANSION

By: Tania Meireles, FHP&R Staff Writer

The Mental Health Self-Assessment Program (MHSAP) celebrates its second year of continued success with expansion plans for 2008. The MHSAP offers anonymous, self-directed mental health and alcohol education and screening for Service members and their families affected by deployments. With the coming year, the program will introduce additional outreach initiatives, materials and web programs to broaden services for Service members and their families.

“The program is a bridge between self-awareness and the world of mental health resources available,” said Anne Keliher, Director of Programs, Screening for Mental Health, Inc.

The MHSAP is a Congressionally-mandated program and is available online and by phone, as well as through in-person health fair events held at installations and reserve units. It has also tailored a special suicide prevention and depression education program for military children enrolled in Department of Defense Education Activity middle and high schools.

The MHSAP provides increased awareness and community-based education for commonly occurring symptoms often associated with mental health concerns. MHSAP provides a guidepost to help direct users to the next step of care—whether the next step is information and education, counseling or medical treatment. It is part of the DoD continuum of care

fully funded by Force Health Protection and Readiness (FHP&R), Office of the Assistant Secretary of Defense for Health Affairs. There is no charge to military families, installations or units to use these tools specifically designed for the military community to supplement the DoD resources for families affected by deployments.

This program, started in January 2006 and contracted through 2009, is a natural extension of FHP&R’s ongoing efforts to reach out to military families with information about services available to them so they can take care of their own health. It is a proactive approach to help families and Service members identify their individual concerns and symptoms and access assistance, hopefully before a problem becomes serious or to prevent the further development of an emerging problem.

“The program was contracted for two more years, but I expect it will be ongoing,” said Col Joyce Adkins, FHP&R Director of Psychological Health Programs.

THE 2008 INITIATIVES INCLUDE:

- A mental health education video for Service members and their families
- Additional educational resources specifically designed for family members
- Outreach targeted to National Guard/Reserve members and Family Readiness Groups/Family Centers
- An outreach campaign through partnership with the Commissary
- Take-home materials on stress, coping and resilience

FOR MORE INFORMATION:

The program is accessible online for all Service members and their families at www.militarymentalhealth.org and by phone at (877)877-3647.

Health-fair style, in-person education events are provided at installations throughout the year as part of National Alcohol and Depression Screening days and Reserve Family Days.

Call: (781)239-0071
Email: military@mentalhealthscreening.org

GLOBAL

JORDAN: A STRATEGIC PARTNER

By: Marisa Cole, FHP&R Staff Writer

This past October, Deputy Assistant Secretary of Defense for Force Health Protection and Readiness, Ellen Embrey visited the Kingdom of Jordan to discuss how the U.S. Military Health System can work with this key country to achieve mutual goals. Specifically, Embrey and her staff talked about women's health issues with Her Royal Highness Aisha Bint Al-Hussein and the Jordanian Royal Medical Service (RMS).

Most recently, DoD Health Affairs engaged with the Jordanian RMS by supplying funding for construction of the first Women's Health Clinic in Tafila. A program within DoD called Overseas Humanitarian, Disaster and Civic Aid (OHDACA) (see box) provided this funding. RMS chose to build the clinic in the southern rural town of Tafila because

current medical services fall significantly short of meeting the needs of local women residents there. In addition to the construction of the Women's Health Clinic, exchanging training is another key component of the project. This past October, five Jordanian RMS leaders came to the U.S. to jumpstart the exchange, visiting National Naval Medical Center Bethesda, Uniformed Services University of the Health Sciences and Brooke Army Medical Center. These travels were funded by the U.S. Marine Corps, Central Command.

Embrey's trip was a follow-up to two previous visits to the U.S. by Her Royal Highness Aisha Bint Al-Hussein. Embrey reinforced the importance of the U.S. to facilitate training exchange efforts between the RMS and the DoD.

OHDACA

Overseas Humanitarian, Disaster and Civic Aid (**OHDACA**) programs support military forces and help them to maintain a strong overseas presence aimed at shaping the international security environment in a way that:

- Deters would-be aggressors
- Strengthens friends and allies
- Promotes peace and stability in regions of tension

It also allows forces to respond effectively when called upon to assist the victims of storms, earthquakes and other natural or manmade disasters.



HEALTH

DoD LENDS A HELPING HAND: DISASTER RELIEF IN BANGLADESH

By: Marisa Cole, FHP&R Staff Writer

When natural disasters strike, the U.S. military lends assistance in whatever way it can. International Humanitarian Assistance and Disaster Relief (HADR) is a rapidly evolving military mission covering conflict prevention, conflict, post-conflict and natural disasters. This kind of support to foreign countries in time of need helps to promote security and stability.

Most recently, the U.S. military aided the people of Bangladesh when disaster struck their nation.

Bangladesh

On November 15, 2007, Bangladesh was ravaged by Tropical Cyclone Sidr.

The cyclone struck the coast as a category four storm. Death tolls reached over

3,000, more than 50,000 people were injured, with over 800 still missing.

Because floods and cyclones frequently hit the country, it has a well-established and organized national disaster response structure integrating international aid organizations and, on occasion, foreign militaries. In this instance, the U.S. military was able to immediately assist in relief efforts because an 18-person Department of Defense (DoD) medical team was already in Bangladesh before the cyclone hit. In addition, the U.S. Pacific Command (PACOM) provided much needed transportation assistance.

U.S. Navy and Marine Corps helicopters from the USS Kearsarge and the USS Taraw assisted with the transportation of relief supplies, equipment and personnel. PACOM also deployed a

23 member Humanitarian Assistance Survey Team to identify key areas, scope and duration of support.

In total, the U.S. has provided more than \$19.5 million in funding and commodities, including \$15 million in food aid to Bangladesh as it recovers from Tropical Cyclone Sidr.

Moving forward...

The mission of HADR paves the way forward for the full implementation of DoD Directive 3000.05, published in November 2005, which places stability operations (i.e., humanitarian operations) on par with combat operations. The support DoD provided in Bangladesh is a prime example of just how well the military is working to maintain global security and stability.

Below: U.S. Navy Hospital Corpsman 3rd Class Amber Bretzhan arrives in Dohlarchar, Bangladesh, Dec. 4, 2007



PICKING UP THE PIECES: DEALING WITH DEPRESSION

By: Rebecca Chisholm, FHP&R Staff Writer

A Service member returned from Iraq to his grateful family and community without any injuries or wounds. His wife and children were thrilled to have him home and tried to include him in their daily activities. But the Service member was not the same as when he left. His wife thought he was very moody, less interested in the family and had a hard time reconnecting. But, she wanted to give him space to get used to being home. As time passed, the Service member did not seem to be getting better. His family did not feel that they should say anything and did not know where they could go for help. After coming home safely from deployment, the Service member slipped into a deep depression and committed suicide.

During stressful times, Service members and families often have difficulty finding useful information on how to deal with

depression, as well as what to look for and who to ask for help when a loved one is acting strangely.

Among the most persistent and potentially disabling risks of combat is the threat to the psychological health of Service members and their families. Military life, especially during deployments or mobilizations, can present unique challenges. For Service members, exposure and re-exposure to combat experiences can sometimes inflict physical and mental strain and the transition from deployment back into family life can be difficult. For family members at home, concerns about a loved one's safety, economic hardship, the challenges of coping as a single parent or simply missing a partner can cause sadness, worry and stress.

In the face of this anxiety, some people will maintain their routines to distract themselves and achieve a sense of control, while others will have difficulty focusing and being productive. Because everyone reacts to stress differently, both reactions are common responses to a stressful situation and are considered normal. The important thing to remember is that seeking help is not a sign of weakness, but an important step to recovery.

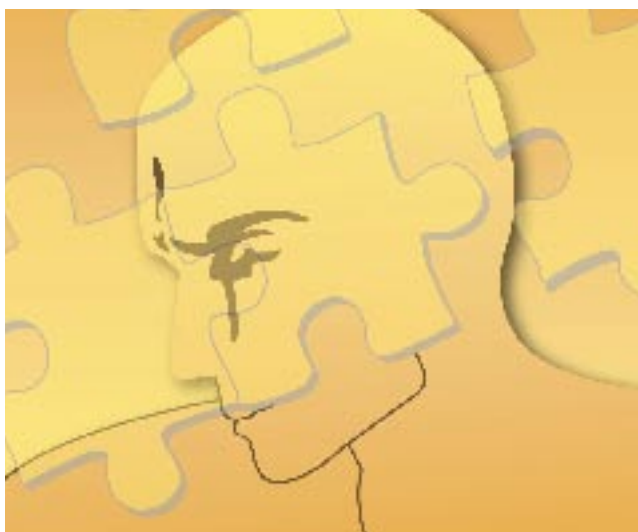
Depression is a common disorder, characterized by a persistent lowering of mood, loss of interest in usual activities and a lesser ability to experience pleasure. It is a serious illness that can be influenced by a number of physical and social causes.

If someone you know has symptoms of depression, educate yourself on the illness. By doing this, you can help provide your loved one with information that they can use to get help.

Encourage the depressed person to recognize his or her depression and to take active steps to get help from a qualified mental health provider. You can direct them to self tests on the Internet that can help a person decide if help from a professional is needed. Many Web sites have such screening tests; DoD sponsors the Military Mental Health Self Assessment Program, which can be found on the Web. The importance of psychological health includes the whole continuum of what it means to be psychologically healthy, not simply free of clinical disorders associated with the term "mental health." Psychological health involves active learning, fitness, well-functioning relationships, meaningful occupations, community service/volunteerism, etc. – sometimes referred to as "well being."

Getting Someone You Know Help

One of the most important roles of a family member is to encourage a returning Service member to seek



counseling and treatment, if necessary. Family members are usually the first to notice problems in a Service member's readjustment to civilian and family life after returning from deployment. While a returning family member needs some practical time to readjust, problems that continue over months may be a sign of a more serious health issue. If a family member is using harmful strategies to cope with stress, such as alcohol or drug abuse, withdrawal and isolation or showing strong emotions to communicate with family members, consider encouraging them to seek assistance, without guilt or blame.

Keep in mind, getting a loved one to seek help may not be easy. A study of soldiers returning from Iraq found that only 40% of those who were having mental health problems said they were interested in receiving help. Many returnees hesitate to receive mental health treatment for fear that the stigma of a mental health diagnosis will hurt their image or even ruin their military careers. Effective treatments exist and early treatment can prevent worse problems from happening.

Most of the time, forcing someone to do something against his or her will is not helpful. There are two important exceptions to this rule. If you believe a depressed person is in danger of or is actively hurting him or herself or has become suicidal, you need to take action immediately. Also, if you believe the depressed person is threatening another person or neglecting or harming his or her family, you need to take immediate action.

If a depressed Service member is not in immediate danger and action is not urgently needed, speak to their chaplain, and their doctor. A chaplain is a trained counselor who can also refer you to other avenues for treatment. A doctor may be able to hospitalize a person against his or her will for a short time, if there is a danger of them hurting someone. This gives the medical staff at the hospital time to assess the depression, as any major illness would be assessed, to determine further treatment.

Helping Yourself

If you think you have a problem with depression, and are an active duty Service member, you should always seek care first at a military treatment facility, when available. Active duty Service members must have a referral from their primary care manager and have prior authorization from their regional contractor before seeking any behavioral health care services outside the Military Treatment Facility (MTF). If enrolled in TRICARE Prime Remote, you may receive authorization from your service point of contact for civilian behavioral health care.

If you are not an active-duty Service member, as a TRICARE beneficiary, you are entitled to eight visits with a behavioral health provider, without a referral. After the eight visits, you can continue care with authorization from your regional contractor.

Call your MTF's Beneficiary and Counseling Assistance Coordinator or the TRICARE Beneficiary Services Representative in your area if you have any questions about coverage. It's important to check with your TRICARE regional contractor before getting any mental health care as pre-authorization may be necessary. Regional contractor contacts may be found at the TRICARE Web site.

Starting therapy for depression is just the beginning of the path to wellness. It may take time, therapy and/or a number of different medications to feel better.

This time when a Service member returned from Iraq to his grateful family and community without any injuries or wounds. His wife and children were thrilled to have him home and tried to include him in their daily activities. But the Service member was not the same as when he left. His wife thought he was very moody, less interested in the family and had a hard time reconnecting to him. Since she had been reading and learning about depression and recognized the warning signs, the Service member's wife was able to help her husband get the treatment he needed to feel like himself again.

DEPRESSION CAN BE VERY SERIOUS, BUT IT IS TREATABLE. HERE ARE SOME COMMON SYMPTOMS:

- Persistent sadness or anxiety. Feelings of irritability, panic or restlessness. Episodes of crying or tearfulness.
- Feelings of hopelessness, pessimism or helplessness. Inappropriate guilt or feelings of worthlessness.
- Not wanting to leave the house. Withdrawal from friends and family.
- Loss of interest or pleasure in life. This might include loss of interest in sex or other activities that were once pleasurable.
- Changes in sleep or eating patterns. Difficulty falling asleep or staying asleep, or sleeping too much. Sudden weight loss or gain.
- Decreased energy. Lack of energy or motivation.
- Difficulty concentrating. Memory loss, difficulty making decisions.
- Persistent physical symptoms. These might include headaches, digestive disorders, or back pain.
- Alcohol or substance abuse.
- Thoughts of death or suicide. Contact a health care professional immediately if there are thoughts or talk of suicide.





REVOLUTIONIZING PROSTHETICS

Defense Advanced Research Projects Agency (DARPA)

Throughout history, the loss of limbs on the battlefield has driven progress in [prosthetics](#). The modern era of prosthetic research in the U.S. started from the formation of the American Orthotic and Prosthetic Association. Current operations in Iraq and Afghanistan emphasize the urgent need to accelerate this progress to provide amputee Service members with the levels of function they had before their injury and the ability to return to activities. The goal of the Defense Advanced Research Projects Agency (DARPA) Revolutionizing Prosthetics program is to use and drive advances for the benefit of the amputee Service member.

The arm and hand are capable of complex and varied movements and enable interaction with the environment. DARPA's Revolutionizing Prosthetics initiative is focusing on the technical challenges of duplicating these abilities in an upper-extremity prosthetic device. DARPA expects that the technologies it develops will be adaptable to lower-extremity amputees and expects civilian amputees to benefit as well as Service members.

In a speech given at DARPA's 24th Systems and Technology Symposium in 2005, the Revolutionizing Prosthetics program manager, COL Geoffrey Ling, M.D., Ph.D., said, "DARPA has undertaken the monumental task of fulfilling our pact to our soldiers by embarking on an effort to provide fully integrated limb replacements that enable victims of upper body limb loss to perform arm and hand tasks with [the] strength and dexterity of the natural limb. . . in four years, we anticipate having a prosthetic arm that will be controlled identically to the way that we control our biological arms."

There are two separate programs that fall under DARPA's Revolutionizing Prosthetics initiative: Revolutionizing Prosthetics 2009 and Revolutionizing Prosthetics 2007. Each program has a lead contractor and includes a large team of researchers.

Revolutionizing Prosthetics 2009

The four-year Revolutionizing Prosthetics 2009 program will create a neurally controlled artificial limb that will restore full motor and sensory capability to upper extremity amputee patients. This revolutionary prosthesis will be controlled, feel, look and perform like the native limb. At the end of the four-year program, the resulting prosthesis will be ready for human clinical trials. The goal of this program is to produce a prosthetic that will be able to function as well as a normal human arm. Key to this is a prosthetic that has: sensors for the ability to sense the position of the arm and hand relative to other parts

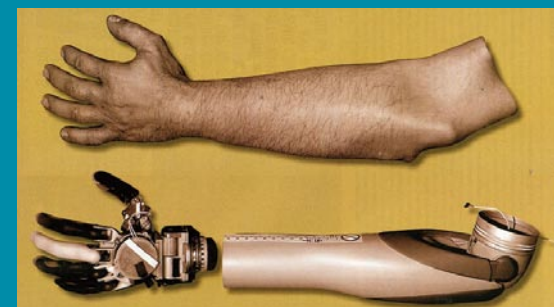
of the body, touch, temperature and vibration; power that will allow at least 24 hours of normal use; mechanical components that will provide strength and environmental tolerance (heat, cold, water, humidity, dust, etc.; and durability to last at least 10 years with normal use. The intent is that the amputee will be able to tolerate the prosthesis without any problems for 18 hours/day of use. This revolutionary mechanical arm will have the properties of a biological limb.

With this new prosthetic, an upper extremity amputee would be able to feel and manipulate objects as that person would with a native hand. Research will focus mainly on advanced neural control strategies to allow the user to operate the arm in a near-biological manner. Ideally, the device would grant an amputee the fine motor control necessary to thread a needle, use a computer keyboard or play a piano.

Revolutionizing Prosthetics 2007

The two-year Revolutionizing Prosthetics 2007 program uses recent research advances in a variety of fields to develop a prosthesis that dramatically improves the capability of upper extremity prosthetic limbs beyond those that are currently available commercially. It incorporates the best possible technologies and the most revolutionary short-term developments into a highly advanced, neurally interfaced prosthetic arm.

The prototype arm provides near-human strength and is both functional and similar in appearance to the native limb. The prototype prosthesis has increased range of motion, strength, endurance and dexterity, and is easy to learn to use. DARPA is currently in discussions regarding transitioning the technology to the clinical community for trials.



COMBATING HIV/AIDS: **A GLOBAL HEALTH AND SECURITY PARTNERSHIP**



In Angola, soldiers get tested for HIV through a DHAAP military-to-military program.

AIDS and global insecurity co-exist in a vicious cycle. According to the World Health Organization (WHO), over 33 million people, worldwide, are living with Human Immunodeficiency Virus (HIV). Everyday, over 5700 people die from Acquired Immune Deficiency Syndrome (AIDS), the disease caused by HIV. Civil and international conflicts destabilize populations and armies move across new territories. The HIV/AIDS epidemic contributes to national and international insecurity and is spread to new populations, including military and peacekeeping personnel.

In regions where HIV prevalence rates are high, the epidemic destroys the very fabric of what constitutes a state: individuals, families, communities and political institutions. Public administration, governance and social services become unsustainable in the process, and both coping capacity and military/policing capacity are reduced. As a result, communal conflict is likely to increase, which is particularly true for areas with a history of violence and armed conflict.

By: Gina Pattison, FHP&R Staff Writer

To mitigate the devastating effects of HIV around the world, the Naval Health Research Center (NHRC), San Diego, California, under the oversight of the Navy Surgeon General, has been tasked to serve as the U.S. Department of Defense (DoD) Executive Agent for the DoD HIV/AIDS Prevention Program (DHAPP). Joining other U.S. government agencies in the fight against HIV/AIDS, DoD is providing funding, technical assistance and program support to help increase the fundamental understanding of HIV transmission and provide an evaluative basis for prevention and intervention success.

HIV/AIDS has a direct impact on military capacity in many countries around the world. Sexually transmitted infection rates among those military personnel are two to five times greater than those in civilian populations in peacetime. These figures increase dramatically during conflict. In some countries with adult HIV prevalence rates of 20%, as many as 50% of military personnel could be HIV positive due to their high mobility and long family separations.

The potential loss of experience, skills and training capacity within the uniformed services can seriously affect military readiness. As the impact of HIV grows, tensions may increase within and between states in many regions. Diminished readiness in the security sector, and particularly in defense forces, can thus be considered a threat to international peace.

DHAPP has successfully engaged 71 countries in efforts to combat HIV/AIDS among their respective military services. Working closely with the U.S. Departments of State and Defense, U.S. Unified Combatant Commanders, Joint United Nations Programme on HIV/AIDS, U.S. Agency for International Development, Centers for Disease Control and Prevention, university collaborators and other non-governmental organizations, DHAPP assists countries in establishing HIV/AIDS prevention programs and strengthening their capabilities to

combat HIV. Most recently, DHAPP has joined with the Global AIDS Program (GAP) coordinator as part of the President's Emergency Plan for AIDS Relief (PEPFAR). DoD representatives are participating in PEPFAR core team visits to help form the final plan to use GAP funds in the assault against HIV.

DHAPP works with other countries and their militaries to develop strong HIV/AIDS prevention programs with the goal of achieving:

- Visible support from the military sector
- Plans of action and policies
- Increased financial resources
- Increased awareness within the military sector
- Country ownership of the activities
- Prevention of sexual transmission through voluntary counseling and testing, sexually transmitted infection management, behavioral interventions and the prevention and care of other opportunistic infections
- Prevention of mother-to-child transmission and reduction of transmission through injection drug use to change behavior to reduce the risks of sexual transmission and the stigma associated with HIV infection
- Surveillance and infrastructure development through programs focusing on HIV/sexually transmitted infections/tuberculosis surveillance, laboratory support, monitoring and evaluation, training and information management

Worldwide, AIDS-related illnesses today kill many more people than any current conflict. Through the support and collaboration of DoD with other partners, we are strengthening the response to the epidemic as a security issue, particularly in countries that are already weakened by conflict, and where the spread of HIV is more of a security challenge than the conflict itself.



Kelly Hanna, USAF, has her blood drawn for HIV testing.

PREVENTION, SCREENING AND TREATMENT OF HIV/ AIDS: CLOSER TO HOME

The U.S. military reports that its infection rate – about two new infections for every 10,000 Service members annually – is equal to or lower than the rate for the general population of the same ages and genders. While the military began HIV testing of Service members in the mid-1980s, military departments varied in their frequency of testing. Today, DoD-wide testing every two years allows the military to identify infected Service members, administer anti-viral drugs prior to the onset of illnesses associated with the infection and ensure ongoing prevention and treatment counseling.

Service members infected with HIV are not automatically discharged. Active Duty members infected with HIV who are determined to be healthy and fit enough for duty are allowed to serve in positions that ensure them access to necessary and appropriate medical care.

Transmission of HIV is controlled through aggressive disease surveillance and health education programs for Service members. Newly infected Service members shall receive prevention training on further transmission and legal counsel on exposing others to HIV infection.

UNDERSTANDING **MRSA**

By: Marisa Cole, FHP&R Staff Writer

MRSA - methicillin-resistant *Staphylococcus aureus* - infections have been receiving a lot of press, stirring public interest and, unfortunately, causing fear. While MRSA can be deadly, it is preventable and treatable if detected in time and cared for properly.



What is MRSA?

MRSA is *Staphylococcus aureus*, or “staph” bacteria that is resistant to the antibiotic methicillin. Many people carry it on the skin or in the nose. It can cause minor infections of the skin or pimples and boils that should be treated with antibiotics and drained by a health care provider. Serious staph bacteria sometimes cause infections in the blood, bones or lungs. Treatment with antibiotics is usually successful.

Staph bacteria have become resistant to a number of common antibiotics. MRSA comprises a growing percentage of staph infections. It is the most frequent cause of skin and soft tissue infections seen in emergency rooms. MRSA is resistant to all of the antibiotics in the penicillin family, which makes it hard to treat.

Only a few antibiotics are available to treat MRSA infections. In hospitals and other healthcare facilities, doctors generally rely on the antibiotic vancomycin to treat MRSA, although some MRSA have developed resistance to this drug.

Healthy people can carry staph or MRSA and have no ill effects, but can still pass the bacteria to others. Patients who have been in a hospital for a long time, are sick with a long-term illness, or are on dialysis, as well as people who use Intravenous drugs are at risk of getting a MRSA infection. MRSA infections occur most frequently in people who have weakened immune systems. However, MRSA infections are becoming more common in community settings, including schools. In general, community-based cases are sporadic and do not occur in epidemics.

How is staph passed?

- Skin-to-skin contact with someone who has a staph infection or is a carrier, such as can occur in sporting activities
- Skin contact with items and surfaces that have staph on them
- Sharing personal items such as razors and towels with someone who is a carrier or has an infection

- Breaks in the skin such as cuts or scrapes
- Crowded living conditions
- Poor personal hygiene

What is DoD doing about MRSA?

The hospitals and clinics of the Department of Defense (DoD) have, for decades, worked hard to prevent and control infections in their patients. The Services’ preventive medicine units have increased their efforts to decrease the transmission of MRSA and other bacterial and viral infections among Service members.

These efforts include emphasizing hand washing and personal hygiene at basic and advanced training sites, encouraging the increased availability and use of alcohol-based antimicrobial hand gels to reduce bacteria on hands and prompt investigation of cases of staph infections in the military community, especially cases of MRSA, to prevent further spread.

How can staph infections be prevented?

Good personal hygiene helps to prevent staph skin infections:

- Ensure that environmental surfaces that come into contact with the skin of more than one person, such as athletic equipment in a gym, are cleaned regularly, such as before and after each use
- Keep hands clean by washing thoroughly with soap and water or use an alcohol-based sanitizer after activities that may have resulted in contamination
- Keep cuts and abrasions clean and covered with a bandage until healed
- Avoid contact with other people’s wounds or material (e.g., bandages) contaminated from wounds
- Do not share personal items like towels, razors or water bottles. Keep athletic wear and equipment clean or freshly laundered

- Shower with soap and hot water following participation in contact sports

WHERE DO I GET MORE INFORMATION?

Centers for Disease Control (CDC)

(800)311-3435
<http://www.cdc.gov/>

DoD Force Health Protection and Readiness (FHP&R)

(800)497-6261
<http://fhp.osd.mil>

DoD Deployment Health Clinical Center (DHCC)

(866)559-1627
<http://www.pdhealth.mil/>

U.S. Army Center for Health Promotion and Preventive Medicine (USACHPPM)

(800)222-9698
<http://chppm-www.apgea.army.mil>

Air Force Institute for Operational Health (AFIOH)

(888)232-3764
<http://www.brooks.af.mil/afioh/>

Navy Environmental Health Center (NEHC)

(757)953-0700
<http://www-nehc.med.navy.mil>

Walter Reed Army Medical Center

(202)782-3501
<http://www.wramc.army.mil>



INTERACTIVE TOOLS HELP CHILDREN COPE WITH DEPLOYMENTS

By: Patricia Opong-Brown, Public Affairs Division
Communications and Customer Service Directorate
TRICARE Management Activity

Children under go a great deal of stress when their parents are deployed. Recently, a number of journals, DVDs and kid-friendly Web sites were created to help them cope.

"It's very important that the Military Health System make tools available that can help families deal with the stress of deployments," said Major General Elder Granger, Deputy Director, TRICARE Management Activity.

Health Net Federal Services, the TRICARE North Region managed care support contractor, has produced a journal aimed at military children. "My Life, a Kid's journal," is designed to lead children through the process of making sense of their feelings during the absence of a parent or loved one. "This journal provides us with the opportunity to respond to the challenges they face in meaningful ways," said Steve Tough, president, Health Net Federal Services.

The response to the journal has been positive. Health Net's initial distribution of 400 journals to children of junior enlisted Service members at Camp Lejeune's annual back to school event quickly turned into requests for thousands of journals from military units, organizations, schools and families. In collaboration with military coalition partners, such as the Armed Services YMCA and National Military Family Association, Health Net Federal Services and MHN, Inc., Health Net's behavioral

health subsidiary, will continue to distribute "My Life" throughout the TRICARE North Region.

The Military Health System Web site has invited children to share their artwork or drawings. Children who have family members deployed can submit their thoughts, poems or artwork on the site.

Sesame Street Workshop is also helping children cope with military deployments. The nonprofit educational organization has produced the video, "Talk, Listen, Connect: Helping Families During Military Deployment."

"Parents need to discuss pending deployments with children in ways that are age-appropriate," said Jennifer Wickizer, community readiness consultant, Airmen & Family Readiness Center, Bolling Air Force Base. She also stresses that parents should take cues from their children to determine how much information should be presented.

Parents should provide just the right amount of information and answer questions accordingly, but should not get into information overload mode. "Encourage children to express their feelings: sad, mad or happy, and validate their emotions," she said.

Military families with children ages three to five can get streaming video or request a free bilingual kit at the Sesame Workshop Web site. The kit educates parents

and caregivers on how to help children cope with all areas of pre-deployment, deployment and homecoming.

For more information about children coping with deployment, go to a local Airmen & Family Readiness Center, Marine Corps Community Services, Army Community Services, Fleet and Family Support Center or visit the MilitaryOneSource Web site.

Want More?

<http://mhs.osd.mil/kidscorner.jsp>

<http://www.sesameworkshop.org/tlc>

<http://www.militaryonesource.com>

To obtain copies for military children living in the TRICARE North Region, e-mail your request to HNFS_Communications@healthnet.com.

Since supplies are limited, or for those living outside the Northern Region, the journal can be downloaded from:

<https://www.hnfs.net/common/newsResources/Kids+Journal+News+Release.htm>